### Department of Motor Vehicles Tax Services P.O. Box 27422 Richmond, Virginia 23269-7422

# VIRGINIA FUELS TAX BLENDER'S SCHEDULE OF RECEIPTS

Read the filing information and instructions on the back.

Schedule Number 2B

BLENDER INFORM	ATION		P	LEASE PRINT IN					
Name					FEIN	I/SSN		Report Month/Year	
PRODUCT INFO (Complete separate sch	DRMATION Check app	olicable box. Sype you receive	ed.)		DDE OF RTATION CODES				
123-Fuel Alcohol	7 000 011			J - Truck B - Barge	S - Ship ST - Stationary	Transfer			
142-Kerosene	O92 -Other Product Typ	oe		R - Rail PL - Pipeli					
PRODUCT RECEIP	T INFORMATION				,	<u> </u>			
1 Carrier's Name	2 Carrier's FEIN/SSN	Mode 3	Po Origin	4 pint of Destination	5 Seller's Name	6 Seller's FEIN/SSN	7 Date Received	8 Document Number	11 Billed Gallons
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## VIRGINIA FUELS TAX BLENDER'S SCHEDULE OF RECEIPTS (2B)

#### PRODUCT RECEIPT INFORMATION

1 Carrier's Name	2 Carrier's FEIN/SSN	3 Mode	Poi Origin	4 nt of   Destination	5 Seller's Name	6 Seller's FEIN/SSN	7 Date Received	8 Document Number	11 Billed Gallons
<u> </u>	FEIN/33IN		Ungin	Destination	ivallie	FEIIW/33IV	Received	Number	GailUIS
	TOTAL (this page only)						only)		

### INSTRUCTIONS

This schedule provides detail in support of the receipt amount(s) shown on your monthly Virginia fuels tax report.

You may submit a schedule summarizing your receipts which must be formatted the same as the Blender's Schedule of Receipts. Complete separate summary schedules for each product type and group sellers together. If you choose to submit summary schedules, you must still submit the schedules of individual receipts.

NAME	Enter the name of the company as shown on your monthly Virginia fuels tax report.				
FEIN/SSN	Enter the company's FEIN or SSN as shown on your monthly Virginia fuels tax report.				
REPORT MONTH/YEAR	Enter the month and year for which you are reporting.				
PRODUCT INFORMATION	Check the applicable box for the product type accounted for on this schedule.				
CARRIER'S NAME	Enter the name of the company that transported the product.				
CARRIER'S FEIN/SSN	Enter the FEIN or SSN of the company that transported the product.				
MODE	Enter the code for the mode of transport used to move the product. (See Mode of Transportation Codes chart on front.)				
POINT OF ORIGIN	Enter the IRS Terminal Control Number if the product was received from a terminal. Otherwise enter the city and state where the shipment originated.				
POINT OF DESTINATION	Enter the IRS Terminal Control Number if the product was received into a terminal. Otherwise enter the city and state where the product was delivered.				
SELLER'S NAME	Enter the name of the company that sold the product to you.				
SELLER'S FEIN/SSN	Enter the FEIN or SSN of the company that sold the product to you.				
DATE RECEIVED	Enter the date (month, day, and year) the product was received.				
DOCUMENT NUMBER	Enter the terminal manifest number or pipeline/barge ticket number or bulk plant withdrawal invoice number.				
BILLED GALLONS	Enter the total number of gallons billed.				
TOTAL (this page only)	Enter the sum of these columns for this page of the report.				
GRAND TOTAL (all pages)	Enter the sum of these columns for all pages of this report.				